

EXPRESSION OF INTEREST

EMPLOYED STUDENT NURSES (ESN) as per the Nurses Provincial Collective Agreement CASUAL, FLEXIBLE HOURS CENTRAL/NORTH ISLAND (North of the Malahat)

Location: Various sites within the Central/North Island area of the Vancouver Island Health Authority
Hours of Work: Day, evening & night shifts excluding stat holidays; shifts are flexible & are designed each semester in discussion with Manager or Designate
Classification/Salary: \$24.08 per hour as per Nurses' Bargaining Association (NBA)
Start Date: **earliest possible start date: April 1, 2010**

JOB SUMMARY:

Under the direction of a Nursing Unit Manager or designate, provides direct nursing care to both stable and unstable patients/residents/clients. May or may not perform duties outlined below as will be commensurate with the level of education and training. Operates in accordance with the unit/program philosophy, competency guidelines, policies and standards for nursing practice in British Columbia. The successful applicant will join the applicable union certification for that work site.

QUALIFICATIONS:

Education Training and Experience

Successful completion of Year 2 of the Collaboration for Academic Education in Nursing Program in B.C (RN or RPN) or equivalent nursing program from another jurisdiction* and continued enrolment in a recognized nursing education program. Certification in Basic Cardiac Life Support. Current Student Registration with the College of Registered Nurses of British Columbia; (NOTE: not applicable for Psychiatric Nurse Students.)

* Equivalency to be determined with nursing education program in the jurisdiction where the student is registered.

Skills and Abilities

Ability to communicate effectively both verbally and in writing; ability to organize assigned workload and set priorities; ability to deal effectively with a variety of internal and external contacts; physical ability to perform the duties of the position.

HOW TO APPLY:

The following documents are required by all interested applicants. Quote reference number **#25526** and submit by **4pm (1600 hours) April 1, 2010** in order for your application to be accepted.

- Cover letter with 1 reference from your most recent clinical nursing instructor (include instructor's full name, title, email address and phone number)
- Resume
- Completed ESN Questionnaire
- VIHA application form
- Copy of current Certificate in Basic Cardiac Life Support (Level C)

NOTE: Verification of your Student Registration Number (CRNBC) is not required with your application package but will be required *before date of hire*.

SUBMIT all required documentation by email to shannon.dennison@viha.ca. Incomplete packages will not be considered.

If you are unable to submit your application online please contact Adam Bishop at shannon.dennison@viha.ca.

We would like to thank all candidates in advance for their interest. Only those candidates selected for interview will be contacted. Please monitor our website for additional information and updates on the program.

http://www.viha.ca/careers/job_postings/student_opportunities/



Employed Student Nurse Questionnaire

To assist the Vancouver Island Health Authority (VIHA) in facilitating optimal matching of Employed Student Nurses (ESN's) with employment opportunities, VIHA needs to understand the types and locations of employment opportunities that are preferred by applicants on Vancouver Island.

Please complete all sections.

1. Name _____ Phone # _____ Email _____

Which School of Nursing do you attend?	Anticipated month and year of graduation?
_____ University of Victoria	_____
_____ Vancouver Island University	_____
_____ North Island College	_____
_____ Camosun College	_____
_____ Other _____	_____

2. Were you employed as an ESN with VIHA in 2009? _____yes _____no

3. List in order of preference your **TOP THREE (3)** geographic location(s) for ESN employment.

(note: subsidized housing is not available)

South Island	Central Island	North Island
_____ Victoria	_____ Nanaimo	_____ Pt McNeil, Pt Hardy, Alert Bay
_____ Saanich Peninsula	_____ Duncan/Cowichan Valley	_____ Comox Valley
_____ Southern Gulf Islands	_____ Parksville/ Qualicum	_____ Campbell River & Area
	_____ Tofino/Port Alberni	

_____ Other (specify)

4. List in order of preference the **TOP THREE (3)** clinical settings in which you are interested in working. You may wish to include **specific units/sites by name** when listing your preferences.

_____ Medical	_____ Surgical	_____ Seniors/Residential Services
_____ Emergency	_____ Critical Care	_____ Mental Health
_____ Palliative Care	_____ Neurosciences	_____ Community Home Care
_____ Operating Room	_____ Renal	_____ Cardiology
_____ Rehabilitation	_____ Child & Maternal	_____ Other (specify) _____

5. If one of your top three choices is not available are you open to employment in another area?

_____ Yes _____ No

Please list the date (month and day) that you are available to begin your full time block of work _____

and date scheduled to return to full time school _____.

What type of employment pattern are you interested in? (Include specific dates wherever possible)

_____ 8-10 week block full time _____ combination full time block and part time during school

Comments _____.

Please submit completed ESN questionnaire with your VIHA Application Form and other required documents in accordance with the Expression of Interest.

APPLICATION FOR EMPLOYMENT

Office Use Only

This application may be considered for any suitable vacancy in the Vancouver Island Health Authority (VIHA).

Please print forms, complete all sections in full, in your own hand-writing, even if you are attaching a resume and convert to PDF format to submit by email along with other documents.

PERSONAL INFORMATION	NAME AND ADDRESS OF APPLICANT (PLEASE PRINT)				
	LAST	FIRST	MIDDLE	PREFERRED FIRST NAME	PREVIOUS LAST NAME
	STREET ADDRESS			HOME PHONE ()	
	CITY OR TOWN	PROVINCE	POSTAL CODE	BUSINESS/ALTERNATE PHONE ()	
	MAILING ADDRESS (IF DIFFERENT)			PAGER/CELL/FAX ()	
				EMAIL	
	ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES <input type="checkbox"/> NO <input type="checkbox"/> LEGAL STATUS TO WORK IN CANADA – DOCUMENTATION MAY BE REQUIRED				
	<input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> LANDED IMMIGRANT <input type="checkbox"/> WORK PERMIT <input type="checkbox"/> OTHER, PLEASE SPECIFY _____				
	DO YOU HAVE ANY MEDICAL/PHYSICAL CONDITIONS WHICH WOULD PREVENT YOU FROM PERFORMING SPECIFIC KINDS OF DUTIES REQUIRED AS PART OF THE POSITION YOU HAVE APPLIED FOR? (E.G. LATEX ALLERGY, MUSCULOSKELETAL INJURY)				
	YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESCRIBE AND EXPLAIN WORK LIMITATIONS: _____ _____				
ARE YOU WILLING TO UNDERGO A MEDICAL EXAMINATION FOR THE PURPOSE OF EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>					

POSITION APPLIED FOR	POSITION(S) DESIRED: 1. _____ 2. _____	
	<i>Please identify clinical area(s) of interest (if applicable)</i>	
	FACILITY <input type="checkbox"/> COMMUNITY <input type="checkbox"/>	SPECIFIC WORK LOCATION _____
	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL <input type="checkbox"/>	DATE AVAILABLE TO START WORK _____
	SHIFTS AVAILABLE FOR: DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> ALL SHIFTS <input type="checkbox"/>	SHORT NOTICE? YES <input type="checkbox"/> NO <input type="checkbox"/>
	IF NO, HOW MUCH NOTICE WILL YOU REQUIRE? _____	
	ARE YOU CURRENTLY EMPLOYED WITH THE VIHA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, EMPLOYEE NUMBER: _____, AT WHICH SITE(S) AND POSITION: _____	
	HAVE YOU BEEN PREVIOUSLY EMPLOYED AT A VIHA FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, WHERE _____, FROM _____ TO _____ AND POSITION _____	
HOW DID YOU FIRST LEARN ABOUT THE VIHA? (Please specify where indicated)		
<input type="checkbox"/> WALK IN	<input type="checkbox"/> VIHA WEB SITE	<input type="checkbox"/> JOB FAIR _____
<input type="checkbox"/> WORD OF MOUTH	<input type="checkbox"/> PROFESSIONAL JOURNAL _____	<input type="checkbox"/> NEWSPAPER AD _____
<input type="checkbox"/> MAIL OUT	<input type="checkbox"/> ON-LINE JOB BOARDS _____	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> PROFESSIONAL ASSOCIATION WEB SITE		

EDUCATION	NAME & LOCATION OF INSTITUTION ATTENDED		DATES ATTENDED FROM TO		CERTIFICATE OBTAINED	PROGRAM
	LAST GRADE SUCCESSFULLY COMPLETED 7 8 9 10 11 12 13					
	COLLEGE					PRACTICUM AT:
	UNIVERSITY					PRACTICUM AT:
	SCHOOL OF NURSING					PRECEPTORSHIP AT:
	TRADES TECHNICAL COMMERCIAL					
	OTHER TRAINING OR EDUCATION					
ARE YOU ATTENDING SCHOOL NOW? YES <input type="checkbox"/> NO <input type="checkbox"/> INSTITUTION _____ F/T, P/T, OR EVENING CLASSES?						
COURSE OR AREA OF SCHOOLING _____						

REGISTRATION INFORMATION	LIST ANY ACTIVE MEMBERSHIPS OR REGISTRATIONS IN A PROFESSIONAL CAREER RELATED ORGANIZATION OR SOCIETY: _____					
	CURRENT B.C. REGISTRATION:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TYPE & NUMBER OF REGISTRATION: _____	ACTIVE <input type="checkbox"/>	INACTIVE <input type="checkbox"/>
	CURRENT CANADIAN REGISTRATION:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TYPE & NUMBER OF REGISTRATION: _____	ACTIVE <input type="checkbox"/>	INACTIVE <input type="checkbox"/>
	INTERIM OR TEMPORARY:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXAMINATION DATE: _____		
ARE YOU REGISTERED ELSEWHERE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, INDICATE WHERE REGISTERED, STATUS OF REGISTRATION & NUMBER _____						
(PROVINCE/STATE REGISTERED)		ACTIVE/INACTIVE		REGISTRATION NUMBER		
Please attach copy of your registration.						
<input type="checkbox"/>	CPR - BASIC RESCUER CERTIFICATION	_____	EXPIRY DATE	<input type="checkbox"/>	ACLS	_____
<input type="checkbox"/>	BASIC ARRHYTHMIA COURSE	_____	DATE	<input type="checkbox"/>	1 ST AID CERTIFICATE/EXPIRY DATE	_____
<input type="checkbox"/>	VALID DRIVER'S LICENSE	_____	PROVINCE	_____	CLASS	_____

EMPLOYMENT SKILLS/CERTIFICATIONS	PATIENT/CLIENT CARE (✓ WHERE APPROPRIATE) <input type="checkbox"/> NURSING <input type="checkbox"/> PARAMEDICAL <input type="checkbox"/> OTHER _____													
	<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	SURGICAL	<input type="checkbox"/>	EMERGENCY	<input type="checkbox"/>	CRITICAL CARE	<input type="checkbox"/>	COMMUNITY	<input type="checkbox"/>	NURSERY	<input type="checkbox"/>	OBSTETRICS
	<input type="checkbox"/>	OPERATING ROOM	<input type="checkbox"/>	RECOVERY ROOM	<input type="checkbox"/>	ONCOLOGY	<input type="checkbox"/>	CHEMOTHERAPY	<input type="checkbox"/>	MENTAL HEALTH	<input type="checkbox"/>	PEDIATRICS	<input type="checkbox"/>	LABOUR & DELIVERY
	<input type="checkbox"/>	REHABILITATION	<input type="checkbox"/>	AMBULATORY CARE	<input type="checkbox"/>	TELEMETRY	<input type="checkbox"/>	PALLIATIVE CARE	<input type="checkbox"/>	GERONTOLOGY	<input type="checkbox"/>	RESPIRATORY	<input type="checkbox"/>	PUBLIC HEALTH
<input type="checkbox"/>	ACLS	<input type="checkbox"/>	NEUROSCIENCES	<input type="checkbox"/>	CARDIO TECHNICIAN	<input type="checkbox"/>	1 ST AID CERT/EXPIRY DATE: _____	<input type="checkbox"/>	CPR LEVEL (_____)					
<input type="checkbox"/>	LAB ASSISTANT	<input type="checkbox"/>	OTHER: _____											
CLERICAL (INCLUDE COPY OF CERTIFICATION(S) WITH APPLICATION)														
<input type="checkbox"/>	MEDICAL TERMINOLOGY	<input type="checkbox"/>	TRANSCRIPTION	<input type="checkbox"/>	ACCOUNTING	<input type="checkbox"/>	PAYROLL	<input type="checkbox"/>	CASHIER	<input type="checkbox"/>	UNIT CLERK			
<input type="checkbox"/>	KEYBOARDING _____ WPM	<input type="checkbox"/>	HEALTH RECORDS TECH											
<input type="checkbox"/>	SWITCHBOARD (TYPE) _____	<input type="checkbox"/>	COMPUTER SKILLS/SOFTWARE: _____											
SUPPORT SERVICES (INCLUDE COPY OF CERTIFICATION(S) WITH APPLICATION)														
<input type="checkbox"/>	WHMIS	<input type="checkbox"/>	CLEANING-INSTITUTIONAL	<input type="checkbox"/>	FLOOR POLISHERS/AUTOSCRUBBERS	<input type="checkbox"/>	CENTRAL PROCESSING STERILIZATION CERT							
<input type="checkbox"/>	FOOD SAFE 1	<input type="checkbox"/>	FOOD SAFE ADVANCED	<input type="checkbox"/>	INDUSTRIAL 1 ST AID LEVEL: _____	<input type="checkbox"/>	POWER/STEAM CLASS: _____							
<input type="checkbox"/>	TRADE QUALIFICATION: _____													

OTHER	ADDITIONAL EXPERIENCE, SKILLS, OR QUALIFICATIONS THAT ARE RELEVANT TO THIS APPLICATION:
	_____ _____

WORK HISTORY - (PRESENT EMPLOYER FIRST)

LIST ALL EMPLOYERS YOU HAVE WORKED FOR IN YOUR LAST 6 YEARS OF EMPLOYMENT.

(COMPLETE ALL SECTIONS, EVEN IF YOU ARE ENCLOSING A RESUME. IF THE APPLICATION IS INCOMPLETE, THERE MAY BE A DELAY IN PROCESSING.)

NAME OF EMPLOYER:		ADDRESS OF BUSINESS (INCLUDE POSTAL CODE):	
SUPERVISOR'S NAME & TITLE:		BUS. TELEPHONE NO.: ()	FAX NO.: ()
		CELL TELEPHONE NO.: ()	
YOUR POSITION TITLE:		SUPERVISOR'S EMAIL ADDRESS:	
DESCRIBE IN DETAIL YOUR JOB DUTIES AND RESPONSIBILITIES:			
DATES EMPLOYED (D/M/Y) <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> CASUAL			
FROM: _____ TO: _____ _____ HOURS/WEEK TOTAL NO. HRS WORKED: _____			
REASON FOR LEAVING:			
MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

NAME OF EMPLOYER:		ADDRESS OF BUSINESS (INCLUDE POSTAL CODE):	
SUPERVISOR'S NAME & TITLE:		BUS. TELEPHONE NO.: ()	FAX NO.: ()
		CELL TELEPHONE NO.: ()	
YOUR POSITION TITLE:		SUPERVISOR'S EMAIL ADDRESS:	
DESCRIBE IN DETAIL YOUR JOB DUTIES AND RESPONSIBILITIES:			
DATES EMPLOYED (D/M/Y) <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> CASUAL			
FROM: _____ TO: _____ _____ HOURS/WEEK TOTAL NO. HRS WORKED: _____			
REASON FOR LEAVING:			
MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

NAME OF EMPLOYER:		ADDRESS OF BUSINESS (INCLUDE POSTAL CODE):	
SUPERVISOR'S NAME & TITLE:		BUS. TELEPHONE NO.: ()	FAX NO.: ()
		CELL TELEPHONE NO.: ()	
YOUR POSITION TITLE:		SUPERVISOR'S EMAIL ADDRESS:	
DESCRIBE IN DETAIL YOUR JOB DUTIES AND RESPONSIBILITIES:			
DATES EMPLOYED (D/M/Y) <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> CASUAL			
FROM: _____ TO: _____ _____ HOURS/WEEK TOTAL NO. HRS WORKED: _____			
REASON FOR LEAVING:			
MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

REFERENCE INFORMATION	PLEASE LIST A MINIMUM OF THREE PREVIOUS/PRESENT SUPERVISORS WHO MAY BE CONTACTED TO PROVIDE REFERENCE INFORMATION. IF YOU ARE/WERE SELF EMPLOYED, PROVIDE NAMES OF CLIENTS AND/OR SUPPLIERS.			
	SUPERVISOR'S NAME	EMPLOYER AT THE TIME	TELEPHONE #	FAX/EMAIL
	1.			
	2.			
	3.			
	PRACTICUM INFORMATION: IF YOU HAVE RECENTLY COMPLETED A PRACTICUM ASSOCIATED WITH YOUR PROFESSION, PLEASE PROVIDE A MINIMUM OF THREE SUPERVISORS WHO MAY BE CONTACTED.			
	SUPERVISOR'S NAME	SUPERVISOR'S TITLE (INSTRUCTOR/PRECEPTOR)	TELEPHONE #	FAX/EMAIL
	1.			
	2.			
	3.			

PLEASE READ CAREFULLY

- I have completed this application in my own handwriting and understand that any misrepresentation made by me in connection with this application will be just and sufficient cause for rejection of this application or for separation from the Vancouver Island Health Authority.
- I agree to complete a pre-employment health screening (including TB skin test and/or chest x-ray) in order to document that I meet an acceptable standard of health, which is a condition of employment.
- I understand that if hired, I will be required to serve the probationary period.
- If employed, I agree to abide by all the policies of the Vancouver Island Health Authority and that any breach of said policies may result in dismissal. In addition, if I am offered employment I agree to sign a confidentiality acknowledgement as a condition of my employment.
- I understand that any job offer will be conditional upon the consent to and the result of a criminal record check where applicable.
- I understand that VIHA has a policy whereby an employee may not report directly to, or supervise, a relative. Will this application put you in conflict with this policy? Yes ____ No _____. If yes, please indicate the name of and position that your relative holds within VIHA that, if hired, will put you in conflict with this policy. _____
- I hereby consent and authorize the VIHA to obtain reference information from my present and/or previous employer(s) and/or education facilities and that no act of libel or damages shall be instigated by me against same by the release of such information.
- Please note: Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of your application for employment.

Date: _____ Signature of Applicant: _____

Office Locations:

- Employment Services, Victoria: Room 102, Begbie Hall, 2101 Richmond Avenue, Royal Jubilee Hospital Site, Tel: 1-250-370-8522 (Option 1)
Mailing Address: 1952 Bay Street, Victoria, BC V8R 1J8, Toll FreeTel: 1-888-296-3963, Fax: 250-370-8570
- Employment Services, Nanaimo: #300-6475 Metral Drive, Nanaimo, BC V9T 2L9, Tel: (250) 755-7615, Toll Free Tel: 1-888-758-7615,
Fax: 1-250-740-6920 Toll-free Fax: 1-866-740-7920 – NOTE: please send all northern island applications/resumes to the Nanaimo office